

*IPW*

PATENT

Attorney Docket No. BSI-035



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Marshik et al. CONF. NO.: 8611

SERIAL NO.: 10/795,958 GROUP NO.: 3634

FILING DATE: March 8, 2004 EXAMINER: Coulter, Andrea

TITLE: Hardware for Window Sashes

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

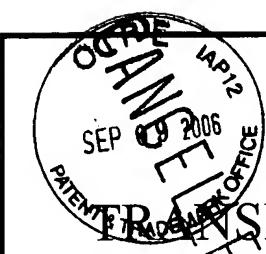
I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 5<sup>th</sup> day of September 2006.

  
Diane Racicot

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. A check in the amount of \$120.00;
4. Response to Restriction Requirement (2 pgs.);
5. Petition for Extension of Time (1 pg.); and
6. Return receipt postcard.



**TRANSMITTAL  
FORM**

|            |                           |                  |
|------------|---------------------------|------------------|
|            | Application Serial Number | 10/795,958       |
|            | Filing Date               | March 8, 2004    |
|            | First Named Inventor      | Marshik          |
|            | Group Art Unit            | 3634             |
|            | Examiner Name             | Coulter, Andrea  |
|            | Attorney Docket No.       | BSI-035          |
|            | Patent No.                | Not yet assigned |
| Issue Date | Not yet assigned          |                  |

**ENCLOSURES (check all that apply)**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>   | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application   | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences     |
| <input checked="" type="checkbox"/> Response to Restriction Requirement <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ___]</li> </ul> | <input type="checkbox"/> Formal Drawing(s)   | <input type="checkbox"/> Appeal Brief (in triplicate)                                      |
|  | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal   | <input type="checkbox"/> Status Inquiry  |
|  | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  | <input checked="" type="checkbox"/> Return Receipt Postcard                                |
|  | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input checked="" type="checkbox"/> Petition for Extension of Time   | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application   | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8         |
| <input type="checkbox"/> Supplemental Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of SIDS Citations</li> </ul>   | <input type="checkbox"/> Small Entity Statement  | <input type="checkbox"/> Additional Enclosure(s) (please identify below)                   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> CD(s) for large table or computer program   |  |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>   | <input type="checkbox"/> Amendment After Allowance   |  |
|  | <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Correction (in duplicate)</li> </ul> |  |

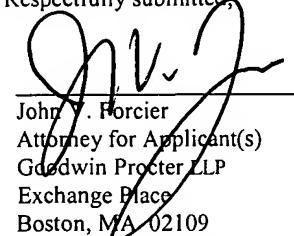
**CORRESPONDENCE ADDRESS**

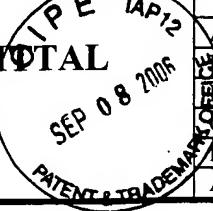
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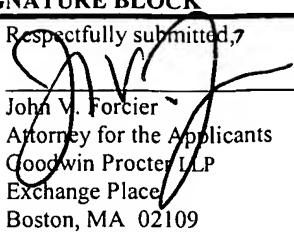
**SIGNATURE BLOCK**

Date: September 5, 2006  
 Reg. No. 42,545  
 Tel. No.: (617) 570-1806  
 Fax No.: (617) 523-1231

Respectfully submitted,

  
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 Boston, MA 02109

|   |  |                           |                 |
|---|--|---------------------------|-----------------|
|   |  | Complete if Known         |                 |
|   |  | Application Serial Number | 10/795,958      |
|   |  | Filing Date               | March 8, 2004   |
|   |  | First Named Inventor      | Marshik         |
|   |  | Group Art Unit            | 3634            |
|   |  | Examiner Name             | Coulter, Andrea |
|   |  | Attorney Docket No.       | BSI-035         |

| METHOD OF PAYMENT  |  | FEE CALCULATION (continued)   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
|--|--|---|-----------------|-------------|-----------------------|-----------------------|-----------------|----------|--------------------|----|-------------------------------------|------------------|----|-----|--|--|-----|-------------------|---------------------------|-----|-------------------|-------|------------------------------------|-----------------|-----|-----|---|--------|--------------|--------------|---|--------|--------------|--------|--|--|--------------------|-------|---|--|--|------|--|--|--------|-----|------------------|--|------------------------|-----|--|------|---|-----|--------------------------|-------------------------------|---------------------------------|---------------|---------------------------------------|----------|-------|-----|--|--------------|-----|--------|---|---|--------------|-----|--|--|--------------|-----|---|--------|-----|-----|--|--|------------------------|-----|---|--|-----|--------------|-----------------------------------|------|---------------------|--|--|--|--|---------------------|-------------|--|--|--|--------------|------|--|--|--|--------------|------|--|--|--|--------------|--------|--|--|--|-------|-------------|
| <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |  | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>120</td><td>60</td><td>Extension for reply within first month</td><td>120.00</td></tr> <tr><td>450</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1020</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1590</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2160</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>500</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>500</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1000</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>400</td><td>400</td><td>Petitions to the Commissioner (Gp. I)</td><td></td></tr> <tr><td>200</td><td>200</td><td>Petitions to the Commissioner (Gp. II)</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner (Gp. III)</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>130</td><td>65</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td><td></td></tr> </tbody> </table> |                 |             | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130                | 65 | Surcharge - late filing fee or oath |                  | 50 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 130 | 130               | Non-English specification |     | 2,520             | 2,520 | Request for ex parte reexamination |                 | 120 | 60  | Extension for reply within first month        | 120.00 | 450          | 225          | Extension for reply within second month |        | 1020         | 510    | Extension for reply within third month |  | 1590               | 795   | Extension for reply within fourth month |  | 2160   | 1080 | Extension for reply within fifth month |  | 500    | 250 | Notice of Appeal |  | 500                    | 250 | Filing a brief in support of an appeal |      | 1000  | 500 | Request for oral hearing |                               | 400                             | 400           | Petitions to the Commissioner (Gp. I) |          | 200   | 200 | Petitions to the Commissioner (Gp. II) |              | 130 | 130    | Petitions to the Commissioner (Gp. III) |   | 180          | 180 | Submission of Information Disclosure Statement                     |  | 790          | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |        | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100                    | 100 | Certificate of Correction for applicant's error |  | 130 | 65           | Submission of Terminal Disclaimer |      | Other fee (Specify) |  |  |  |  | Other fee (Specify) |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Large Entity Fee (\$)  | Small Entity Fee (\$)                          | Fee Description   | Fee Paid        |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 130  | 65   | Surcharge - late filing fee or oath   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 50   | 25   | Surcharge - late provisional filing fee or cover sheet  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 130  | 130  | Non-English specification   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 2,520  | 2,520  | Request for ex parte reexamination  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 120  | 60   | Extension for reply within first month  | 120.00          |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 450  | 225  | Extension for reply within second month   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 1020   | 510  | Extension for reply within third month  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 1590   | 795  | Extension for reply within fourth month   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 2160   | 1080   | Extension for reply within fifth month  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 500  | 250  | Notice of Appeal  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 500  | 250  | Filing a brief in support of an appeal  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 1000   | 500  | Request for oral hearing  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 400  | 400  | Petitions to the Commissioner (Gp. I)   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 200  | 200  | Petitions to the Commissioner (Gp. II)  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 130  | 130  | Petitions to the Commissioner (Gp. III)   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 180  | 180  | Submission of Information Disclosure Statement  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 790  | 395  | Filing a submission after final rejection (37 CFR 1.129(a))   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 790  | 395  | For each additional invention to be examined (37 CFR 1.129(b))  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 100  | 100  | Certificate of Correction for applicant's error   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 130  | 65   | Submission of Terminal Disclaimer   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Other fee (Specify)  |  |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Other fee (Specify)  |  |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| <b>1. FILING/SEARCH/EXAM/SIZE FEES</b><br><b>Large Entity</b><br><table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>- 20 =</td><td>x \$ 50.00 =</td><td></td></tr> <tr><td>Independent Claims</td><td>- 3 =</td><td>x \$200.00 =</td><td></td></tr> <tr><td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$360.00 =</td><td></td></tr> <tr><td colspan="4">TOTAL:</td></tr> <tr><td colspan="2">SMALL ENTITY DISCOUNT:</td><td>SUBTOTAL (1)</td><td>(\$)</td></tr> </tbody> </table> |  | Fee (\$)  | Fee Description | Fee Paid    | 300                   | Utility filing fee    |                 | 500      | Utility search fee |    | 200                                 | Utility exam fee |    | 250 | Utility size fee (each add'l 50 pgs. over 100)         |  | 200 | Design filing fee |                           | 100 | Design search fee |       | 130                                | Design exam fee |     | 250 | Design size fee (each add'l 50 pgs. over 100) |        | Number Filed | Number Extra | Rate                                    | Amount | Total Claims | - 20 = | x \$ 50.00 =                           |  | Independent Claims | - 3 = | x \$200.00 =                            |  | <input type="checkbox"/> Multiple Dependent Claim(s), if any |      | \$360.00 =                             |  | TOTAL: |     |                  |  | SMALL ENTITY DISCOUNT: |     | SUBTOTAL (1)                           | (\$) | <b>2. AMENDMENT CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total</td><td>-</td><td>=</td><td>x \$ 50.00 =</td><td></td></tr> <tr><td>Indep.</td><td>-</td><td>=</td><td>x \$200.00 =</td><td></td></tr> <tr><td colspan="2"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$360.00 =</td><td></td><td></td></tr> <tr><td colspan="2">TOTAL:</td><td>(S)</td><td></td><td></td></tr> <tr><td colspan="2">SMALL ENTITY DISCOUNT:</td><td>(S)</td><td></td><td></td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td>(\$)</td><td></td><td></td></tr> <tr><td colspan="2"></td><td></td><td>SUBTOTAL (3)</td><td>(\$ 120.00)</td></tr> <tr><td colspan="2"></td><td></td><td>SUBTOTAL (1)</td><td>0.00</td></tr> <tr><td colspan="2"></td><td></td><td>SUBTOTAL (2)</td><td>0.00</td></tr> <tr><td colspan="2"></td><td></td><td>SUBTOTAL (3)</td><td>120.00</td></tr> <tr><td colspan="2"></td><td></td><td>TOTAL</td><td>(\$ 120.00)</td></tr> </tbody> </table> |     |                          | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate                                  | Fee Paid | Total | -   | =                                      | x \$ 50.00 = |     | Indep. | -                                       | = | x \$200.00 = |     | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |  | + \$360.00 = |     |   | TOTAL: |     | (S) |  |  | SMALL ENTITY DISCOUNT: |     | (S)   |  |     | SUBTOTAL (2) |                                   | (\$) |                     |  |  |  |  | SUBTOTAL (3)        | (\$ 120.00) |  |  |  | SUBTOTAL (1) | 0.00 |  |  |  | SUBTOTAL (2) | 0.00 |  |  |  | SUBTOTAL (3) | 120.00 |  |  |  | TOTAL | (\$ 120.00) |
| Fee (\$)   | Fee Description                                | Fee Paid  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 300  | Utility filing fee                             |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 500  | Utility search fee                             |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 200  | Utility exam fee                               |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 250  | Utility size fee (each add'l 50 pgs. over 100) |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 200  | Design filing fee                              |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 100  | Design search fee                              |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 130  | Design exam fee                                |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| 250  | Design size fee (each add'l 50 pgs. over 100)  |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Number Filed   | Number Extra                                   | Rate  | Amount          |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Total Claims   | - 20 =   | x \$ 50.00 =  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Independent Claims   | - 3 =  | x \$200.00 =  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any   |  | \$360.00 =  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| TOTAL:   |  |   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| SMALL ENTITY DISCOUNT:   |  | SUBTOTAL (1)  | (\$)            |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Claims Remaining After Amend.  | Highest No. Previously Paid For                | Present Extra   | Rate            | Fee Paid    |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Total  | -  | =   | x \$ 50.00 =    |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| Indep.   | -  | =   | x \$200.00 =    |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |  | + \$360.00 =  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| TOTAL:   |  | (S)   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| SMALL ENTITY DISCOUNT:   |  | (S)   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| SUBTOTAL (2)   |  | (\$)  |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
|  |  |   | SUBTOTAL (3)    | (\$ 120.00) |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
|  |  |   | SUBTOTAL (1)    | 0.00        |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
|  |  |   | SUBTOTAL (2)    | 0.00        |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
|  |  |   | SUBTOTAL (3)    | 120.00      |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
|  |  |   | TOTAL           | (\$ 120.00) |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
| CORRESPONDENCE ADDRESS   |  | SIGNATURE BLOCK   |                 |             |                       |                       |                 |          |                    |    |                                     |                  |    |     |  |  |     |                   |                           |     |                   |       |                                    |                 |     |     |   |        |              |              |   |        |              |        |  |  |                    |       |   |  |  |      |  |  |        |     |                  |  |                        |     |  |      |   |     |                          |                               |                                 |               |                                       |          |       |     |  |              |     |        |   |   |              |     |  |  |              |     |   |        |     |     |  |  |                        |     |   |  |     |              |                                   |      |                     |  |  |  |  |                     |             |  |  |  |              |      |  |  |  |              |      |  |  |  |              |        |  |  |  |       |             |
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